

MARGIN RESERVED FOR BINDING
USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

(This return should preferably be made
by the person who made the original)

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. * 203

Place of Birth Globe County Gila No. _____ St. _____
(Registration District)

SEX OF CHILD*	Twin Triplet or other? <input checked="" type="checkbox"/>	and	Number in order of birth	/
<u>Female</u>				
DATE OF BIRTH* <u>10 - 29 - 1930</u>				
(Month) (Day) (Year)				
FULL NAME	FATHER <u>Edward James Maher</u>			
FULL* MAIDEN NAME	MOTHER <u>Sorothy Jean Cochrane</u>			

I HEREBY CERTIFY that the child described
herein has been named

Colleen Marie Maher
(Give name in full) (Surname)

Aunt
(Parent's Signature)

Dr. T. C. Harper
(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

349-1029-435